

SUB BROKER AGENCY DETAILS



1. Brokerage name in full

Partnership/co./cc./individual

2. Details

(a) Business Registration No

(b) Company Income Tax No

(c) Vat Registration No

(d) IGF Guarantee No

(c) FSP No

3. Address

(a) Business street address

(b) Postal address

(c) Telephone no

(d) Fax no

(e) Email address

4. Name of directors/partners/members

Please complete on the attached form 4 (a) (b) (c)

5. If protected by professional indemnity cover -state

Name of insurer

Policy number

Indemnity limit

Deductible

6. Are you a member of any broking or insurance association

7. Are you FAIS compliant?

NB: Please attach
FAIS certificate

8. Type of Insure business you would like to transct with Broker Solutions Group

Please complete on the attache form 8(a)

9. Have you ever had an agency cancelled by an Insurer?
If so, why?

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10. Have you ever been insolvent, bankrupt or made a compromise with any of your creditors?

11. Bankers Branch name Branch no
General account no Trust account no

12. Are you a Provisional Taxpayer? If so state provisional tax no:
If an ordinary Taxpayer (i.e. subject to P.A.Y.E.) then Form IRP2 should be completed and attached hereto. An ordinary taxpayer must pay premiums in full without deducting commission.

13. The Insurance Act 53 of 1998 as amended requires all agents, brokers or persons who receive payment of Short Term insurance premiums to make election in writing to insurers as follows:
A Cash Agent - whereby premiums due are to be remitted by the insured direct Insurer approved collection agency on or before due date.

14. FAIS Information Requirements:

14.1 Do you receive more than 30% of your total income from any one Insurer?

If yes, please supply details of Insurer

14.2 Does your brokerage have an excess of 10% shareholding with any Insurer?

If yes, please supply details of Insurer

14.3 Are you an associate company of any Insurer?

If yes, please supply details of Insurer

14.4 Do you hold any interest in any Insurer?

If yes, please supply details of Insurer

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15. Particulars of Sub Brokers Compliance Officer

Address:

Company:

Contact Person:

Telephone No:

Fax No:

I/We hereby apply for appointment as Sub Brokers of BROKER SOLUTIONS GROUP and agree to abide by the General Terms and Conditions set out in the formal/final agreement to be concluded between the parties hereto and further declare that the Intermediary Agreement with all Insurers will remain in force.

Date

Signature

Name

Consent to Disclosure: On behalf of yourself and on behalf of any person you represent herein, you hereby waive any right to privacy in any information provided by you or on your behalf in respect of this application made or lodged by you and you agree to such information being disclosed to any other insurer; the information provided by you may be verified against other legitimate sources or databases; You also waive any rights of privacy and consent to the disclosure of any information relevant to any agency, insurance policy or claim concerning yourself.

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4. (a) Please complete in respect of Owner/s:

Name	Surname	% Shares	ID/Company/cc/Trust no.

4. (b) Please complete in respect of Individuals/cc's/Directors

Name	ID No	Tax Ref no	Residential Address	FAIS Complaint Yes/No	Tel/Cellphone no



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4. (c) Please complete in respect of Key Individuals and Representatives

Name	ID No	Tax Ref no	Residential Address	FAIS Complaint	Tel/Cellphone no



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Fit & Proper Requirements

All staff within the FSP comply and are accredited by each insurer for class of business, product specific and continuous product development
If no please provide details below

Name	ID No	Tax Ref no	Residential Address	FAIS Complaint	Tel/Cellphone no



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8 (a) Facility requirements

Which facilities do you wish to utilise through Broker Solutions Group?

Personal Lines	Do you have Intermediary agreement in place?	Commercial	Do you have Intermediary agreement in place?
Hollard		Hollard	
Santam		Santam	
OMI		OMI	
Byte		Byte	
		Lombard	